Newark High School
Attn: Records
314 Granville Street
Newark, Ohio 43055
Phone: (740) 670-7400
Fax (740) 670-7419
www.newarkcityschools.org

CONSENT FOR TRANSCRIPTS/RECORDS RELEASE

I give permission to Newark High School to send my records/transcripts, including courses, grades, attendance, and college entrance test scores, to any institution of higher learning, any branch of the military, any scholarship program or any prospective employer for which I provide the name and address. The release also applies to athletic recruitment, and or other recipient specified.

PLEASE PRINT

Name _____
(Last) (First) (Middle) (Maiden)

Date of Birth _____ / _____ / _____

Address _____

Phone number _____-_____-_____

Date of Graduation(Month and Year) _____ / _____

Signature _____ **Date** _____

List the complete names and addresses of your transcript recipients.

_____

_____

_____

_____

Please return this form to:

Newark High School
Attention: Records
314 Granville Street
Newark, OH 43055

No charge will be assessed for transcripts the first three years after graduation, but there will be a $3.00 charge for requested transcripts after that time.

Revised 11-2011